

1. Submitter Name and Address

SurgRx, Inc. 101 Saginaw Drive Redwood City, CA 94063 Contact: Linda Oleson Phone: (650) 482-2400 ext 107

Date: 6/1/2006

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2. Device Name

Trade name: EnSeal Vessel Sealing & Hemostasis System

Common name: Electrosurgical open and laparoscopic instruments and accessories Classification name: Electrosurgical Cutting and Coagulation Device and Accessories (per 21 CFR section 878.4400) and Gynecologic Electrocautery and Accessories (per 21 CFR 884.4120).

3. Predicate Device

EnSeal™ Vessel Sealing and Hemostasis System # K031133

4. Device Description

EnSeal™ Vessel Sealing and Hemostasis System. The functionality of the System is the same as the Predicate Device.

5. Intended Use

The SurgRx EnSeal devices are intended for use during open or laparoscopic general and gynecologic surgery to cut and seal vessels, cut, grasp and dissect tissue and/or seal vessels during surgery. The SurgRx EnSeal Vessel Sealing & Hemostasis System has not been shown to be effective for tubal sterilization or tubal coagulation for sterilization procedures. Do not use this system for these procedures.

6. Technological Characteristics

The EnSeal electrosurgical instruments are the same as the predicate devices utilizing RF powered bipolar distal ends.

7. Performance Data

Preclinical laboratory (bench) and performance tests were executed to ensure the devices function as intended and meet design specifications.

8. Conclusions

The EnSeal System is equivalent to the predicate devices based on results of design validation. We believe that the EnSeal devices are safe and effective and substantially equivalent to the predicate devices.



JUN 15 2006

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

SurgRx, Inc. % Linda S.M. Oleson Director, Clinical & Regulatory Affairs 101 Saginaw Drive Redwood City, California 94063

Re: K061526

Trade/Device Name: SurgRx EnSeal Vessel Sealing & Hemostasis System

Regulation Number: 21 CFR 878.4400

Regulation Name: Electrosurgical cutting and coagulation device and accessories

Regulatory Class: II Product Code: GEI, HGI Dated: June 1, 2006 Received: June 2, 2006

Dear Ms. Oleson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21. Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act): 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,

Mark N. Melkerson

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Indications for Use Statement

Applicant: SurgRx, Inc.

510(k) number (if known): <u>K 0 6/5 2 6</u>

Device Name: SurgRx EnSeal Vessel Sealing & Hemostasis System

Indications for Use:			
The SurgRx EnSeal system in radiofrequency generator. It is gynecologic surgery to cut and	s intended for use du	rosurgical instruments and a uring open or laparoscopic, general an grasp and dissect tissue during surger	d y.
procedures (including urologic hysterectomies, cholecystecto adhesiolysis, oophorectomies, sealing), tissue grasping and o	 thoracic, plastic are omies, gall bladder p etc.), or any proced dissection is perform 	general and gynecological surgical and reconstructive, bowel resections, procedures, Nissen fundoplication, dure where vessel ligation (cutting and ned. The devices can be used on a large as will fit in the jaws of the	ſ
The SurgRx EnSeal Vessel Se effective for tubal sterilization of this system for these procedures.	or tubal coagulation	s System has not been shown to be for sterilization procedures. Do not us	е
Prescription UseX Per 21 CFR 801 Subpart D)	AND/OR	Over-The-Counter Use (Per 21 CFR 801 Subpart C)	-
PLEASE DO NOT WRITE BELOW TH	IS LINE – CONTIN	UE ON ANOTHER PAGE IF NEEDEI))
Concurrence of CD	DRH, Office of Devic	e Evaluation (ODE)	
	(Division Sig	gn-Off)	
	Division of G	General, Restorative,	
	and Neurolo	gical Devices Page 1 of	1
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